U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only    For Official Use Only	<b>(</b> 206 <b>4</b>
1 File Number U 490 2. Fiscal Year Covered From  2. Fiscal Year Covered From  2. Fiscal Year Covered From  4 Name and address of person filing.  4 Name, file number and address of labor organization.  Name Labor Organization File Number 039-553	
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3 Name and address of person filling.  4 Name, file number and address of labor organization.  Name Louis D MARTIRE LABORERS Local Union 10.58  Labor Organization File Number 0.39-553	
Name Louis D MARTIRE Name LABORERS Local Union 1058  Labor Organization File Number 039-553	····
Labor Organization File Number 039-553	<del></del> 11
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Street 124 SANDLEWOOD DRIVE Street 12-8TH STREET	
CHY Mc DONALD CHY PITTSBURGH	
State PA, ZIP Code + 4 15057 State PA ZIP Code + 4	15222
5 Position in labor organization.	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.	
Name	
Trade Name, if any	
PO Box, Bldg Room No if any	
7 b. Amount.	
	:
City	
State ZIP Code + 4	
Signature	
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Louis N. Martine on 8-15-05 724-745-1874	

Name of Person Filing Louis D MARTIRE	File Number U	
B. Held an interest of or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)  Name BoyD WATTERSON ASSET MANAGEMENT  Trade Name if any  PO Box, Bldg Room No. if any  Street 1901 EAST 9TH St. SUITE 1400  City CLEVELAND  State Ohio ZIP Code +4 4444-3179	9 Business deals with    X   a Labor Organization     b Trust     c. Employer	
10 If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name if any  P O Box, Bidg Room No. If any  Street  City  State  ZIP Code + 4	11 a Nature of such dealing  Charley's Steak House - DINNER-128.73  GRAND CYPRESS, CALANDO - GOLF - 175.00  ORLANDO /GAILEY - LUNCh - 17-49  SMITH + WOLLENSKY - DINNER - 134.60  1117/04 - 2/21/04 - 2/22/04 TOTAL 45582  3/4/04  11 b. Approximate dollar value of such dealing. 455.82  12 a Nature of Interest held or Income received.  LABOR GOLF OUTING  Aug. 31, 2004	
	12 b Amount. 172,84	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment.	
Name	,	
Trade Name if any		
P O Box, Bldg Room No if any  Street  City  State  ZIP Code + 4		
13.b is the Business an Employer or Consultant?	14 b Amount of payment.	

U S Department of Labor
Employee Standards Administration
Office of Labor Management Standards
200 Constitution Avenue NW
Room N 5616
Washington, D C 20210

## Re Form LM-30 Filing for John Doe, U-1234 Labor Organization File No

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM 30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM 30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM 30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM 30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Jour A Martine